

STATE: MINNESOTA
Effective: January 1, 2000
TN: 00-03
Approved: Sept. 19, 2000
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10. Dental services.

Payment is the lower of:

- (1) submitted charge; or
- (2) (a) 91.6% of the 50th percentile of the charges submitted by all dental service providers in the calendar year specified in legislation governing maximum payment rates. Effective July 1, 1997, this is increased by 5 five percent, and effective January 1, 1999, by 3 three percent, and effective January 1, 2000, by three percent; or
- (b) State agency established rate.

The agency has established rates for the following services:

Procedure Code	5/14/93	7/1/97	7/1/98	1/1/00
D5211	\$294.50	\$309.22	\$318.49	<u>\$328.04</u>
D5212	\$342.00	\$359.10	\$369.87	<u>\$380.96</u>

Procedure Code	6/1/94	7/1/97	7/1/98	1/1/00
D5510	\$71.94	\$75.53	\$77.79	<u>\$80.12</u>
D5520	\$70.57	\$74.09	\$76.31	<u>\$78.59</u>
D5610	\$71.94	\$75.53	\$77.79	<u>\$80.12</u>
D5620	\$105.37	\$110.63	\$113.94	<u>\$117.35</u>
D5630	\$84.51	\$88.73	\$91.39	<u>\$94.13</u>
D5640	\$70.57	\$74.09	\$76.31	<u>\$78.59</u>
D5650	\$110.21	\$115.72	\$119.19	<u>\$122.76</u>
D5660	\$84.51	\$88.73	\$91.39	<u>\$94.13</u>

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10. Dental services. (continued) .

~~X-ray services are paid at the lower of:~~

- ~~(1) submitted charge; or~~
- ~~(2) 91.6% of the 50th percentile of the charges submitted by dental providers of the service in the calendar year specified in legislation governing maximum payment rates according to the dental services methodology listed above.~~

Tooth sealants and fluoride treatments are paid at the lower of:

- (1) submitted charge; or
- (2) 80% of the median charges submitted in 1997.

Effective January 1, 2000, the rate is increased by three percent.

Medical and surgical services (as defined by the Department) furnished by dentists are paid using the same methodology as item 5.a., Physicians' services.

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11. Physical therapy and related services.

See items 11.a. through 11.c.

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11.a. Physical therapy.

Physical therapy services are paid using the same methodology as item 5.a., Physicians' services.

Physical therapy assistants are paid the lower of:

- (1) submitted charge; or
- (2) 100% of the fee schedule rate if the services are provided under the direction of the physical therapy who is on the premises; or
- (3) 65% of the fee schedule rate if the services are provided when the physical therapist is not on the premises.

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11.b. Occupational therapy.

Occupational therapy services are paid using the same methodology as item 5.a., Physicians' services.

Occupational therapy assistants are paid the lower of:

- (1) submitted charge; or
- (2) 100% of the fee schedule rate if the services are provided under the direction of the occupational therapist who is on the premises; or
- (3) 65% of the fee schedule rate if the services are provided when the occupational therapist is not on the premises.

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11.c. Services for individuals with Speech, language, and hearing and language disorders hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Speech pathology, language, and audiology hearing therapy services are paid using the same methodology as item 5.a., Physicians' services.

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12. Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

See items 12.a. through 12.d.

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12.a. Prescribed drugs.

Payment is determined in accordance with 42 CFR §§447.331 to 447.333. Payment for prescription drugs is the lower of:

- (1) the actual acquisition costs of the drugs, plus a fixed dispensing fee;
- (2) the maximum allowable cost set by the State agency not to exceed in the aggregate the upper limits established under 42 CFR §447.332 for multiple source drugs, plus a fixed dispensing fee; or
- (3) the provider's usual and customary charge to the general public.

The State agency establishes the actual acquisition cost to equal 91% of the average wholesale price.

With the following exceptions, the **dispensing fee** is ~~\$4.10~~ \$3.65 plus an additional \$.30 dispensing fee allowed for legend drug prescriptions dispensed using a pharmacy packaging unit-doses blister card system:

- (1) The dispensing fee for intravenous drugs which require mixing by the pharmacist is \$8.00, except cancer chemotherapy IVS, which is \$14.00, unless item (2), below, applies.
- (2) The dispensing fee for total parenteral nutrition products which require mixing by the pharmacist is \$30.00 for those dispensed in 1 liter quantity, and \$44.00 for those dispensed in a quantity greater than 1 liter.

In addition, the State agency will receive a rebate for prescribed drugs in accordance with the manufacturer's contract with the Health Care Financing Administration.

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12.b. Dentures.

Dentures are paid using the same methodology as item
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12.c. Prosthetic devices.

Payment the lower of:

- (1) submitted charge;
- (2) Medicare fee schedule amount; or
- (3) if Medicare has not established a payment amount for the prosthetic or orthotic device, an amount determined using one of the following methodologies:
 - (a) 50th percentile of the usual and customary charges submitted for the prosthetic or orthotic device for the previous calendar year minus 20 percent;
 - (b) if no information about usual and customary charges exists for the previous calendar year, payment is based upon the manufacturer's suggested retail price minus 20 percent; or
 - (c) if no information exists about the manufacturer's suggested retail price, payment is based upon the wholesale cost plus 20 percent.